

# West Jefferson School District #253

## New Employee

*Instructions: Please fill out this form completely*

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Race: \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Asian \_\_\_\_\_ Indian \_\_\_\_\_ Black \_\_\_\_\_ Islander \_\_\_\_\_ White

Gender: \_\_\_\_\_ US Citizen: \_\_\_\_\_ Language(s) Spoken: \_\_\_\_\_

Position: \_\_\_\_\_ Classified: \_\_\_\_\_ Certificated: \_\_\_\_\_

School: \_\_\_\_\_ First Day of Work: \_\_\_\_\_

### Emergency Contacts

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Alerts

Allergies: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_